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CAMHD REPORT

Prepared for

Department of Health

Child and Adolescent Mental Health Division

September, 2009

Prepared by:

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September 29, 2009

C. Ki'i Kimhan, Ph.D.
Hawaii Department of Health
Child and Adolescent Mental Health Division
4884-1 Kilauea Ave.
Honolulu, HI 96816

Dear Dr. Kimhan:

We are pleased to submit this report on the results of the Child and Adolescent Mental Health Division Project.

The report is presented in two parts. The first part presents a description of the methods used to collect data, sampling results, and comments on data quality that will be useful to researchers who work with the file. The second part presents findings including the 2009 benchmark data, a structural equation model, and recommendations on how to improve parent and guardian assessments of program services and perceived child outcomes.

Please call if you have any questions about this report.

Sincerely,

James E. Dannemiller
President

SMS Affiliations and Associations:

Warren Dastrup – Kauai Affiliate
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INTRODUCTION

The Hawaii State Department of Health (DOH) has three divisions: Behavioral Health Services, Health Resources, and Environmental Health. The Behavioral Health Services Division houses the Child and Adolescent Mental Health Division (CAMHD). CAMHD is tasked with two major goals: (1) to improve the emotional well-being of children and adolescents, and (2) to preserve and strengthen families by providing early access to a child and adolescent-centered, family-focused community-based coordinated system of care that addresses the child's physical, social, emotional, and other developmental needs within the least restrictive environment.

Consistent with CAMHD's Vision Statement "*Happy and Healthy Children and Families Living in Caring Communities*" the division provides timely and effective mental health assessment and treatment services to children and youth with emotional and behavioral challenges, and their families.

Today, according to its strategic plan, CAMHD and its provider agencies deliver services in seven priority areas to serve Hawaii's children and youth and their families:

- Decrease Stigma and Increase Access to Care
- Implement and Monitor Effectiveness of a Comprehensive Resource Management Program
- Implement a Publicly Accountable Performance Management Program
- Implement and Monitor a Comprehensive Practice Development Program
- Implement and Monitor a Strategic Personnel Management Plan
- Implement and Monitor a Strategic Financial Plan
- Implement and Monitor a Strategic Information Technology Program

CAMHD conducts yearly consumer surveys to monitor the condition of children and youth being served, evaluate current services, and develop continuous service improvement. This research effort began in 2003 with the Family Satisfaction Questionnaire (FSQ-A). In 2004 and 2005 CAMHD adopted the Experience of Care & Health Outcomes (ECHO) survey. For the last four years CAMHD contracted with independent research providers to conduct the Youth Services Survey for Families (YSS-F). The YSS-F includes 26 items that measure client assessments of program services and child outcomes and behaviors. Specifically, the YSS-F is used to monitor the parents and guardians' perception of behavioral changes of their children or wards, and provide a foundation for program improvement.

SMS Research & Marketing Services was selected to conduct the Youth Services Survey for Families in 2008 and again in 2009. This report presents the 2009 survey results. It focuses on data quality, major findings, and recommendations for program improvement. Additional tables requested by CAMHD are included in a separate report appendix.

METHOD

DATA COLLECTION

The Youth Services Survey for Families (YSS-F) was administered for the first time as a single-mode study in 2009. Significant mode-effects identified in 2008[1] resulted in a reassessment of survey methods and a switch to single-mode data collection. In 2009, the data for the YSS-F were gathered using a survey instrument mailed to each member in the sample. No telephone follow-up survey was conducted. The sample for the survey was provided by CAMHD. The sample listings included name of the child, their legal caregivers' names and addresses, service delivery site, child behavioral diagnostic categories, and types of services delivered for each sample member.

The change from multi- to single-mode data collection (i.e., mail plus telephone versus mail only) was expected to result in lower response rates. To maintain sufficient numbers of completed surveys, CAMHD expanded the sampling frame eligibility criteria in 2009. With the new criteria, the 2009 sampling frame was nearly three times larger than in previous years and included everyone registered in the system in calendar year 2008. The changes in data collection method and sampling design meant that 2009 YSS-F data cannot be directly compared with data from previous years and 2009 survey results will be treated as a new benchmark study.

CAMHD provided the final sampling frame to SMS. SMS staff reviewed the list and supplied additional addresses from commercial list and local telephone look-up services. A total of 288 cases were found to be without mailable addresses. The remaining 2,428 mailable cases became the working file for data collection.

The 2009 YSS-F was administered as a three-wave mailed survey with two postcard reminders. In the first wave each sample member received a survey packet consisting of: (1) a survey form; (2) a cover letter from CAMHD explaining the purpose of the survey and the importance of each client's response; and (3) a pre-addressed, postage-paid reply envelope with which to return completed survey forms. Two weeks after the initial mailing a second survey was mailed to sample members who had not yet responded. After an additional seven days all respondents who had not submitted a completed survey form were mailed a postcard reminding them to fill out the survey. The reminder postcard included contact information for the project manager in case respondents had questions or needed a second copy of the survey form. A third and final survey was sent two weeks later and also followed up by a reminder postcard.

The survey instrument was a one-sheet 11x17 inch document printed on both sides and folded in half to resemble a booklet (4 pages in total). The survey instrument was prepared in a scannable format using advanced scanning software to facilitate accurate data reporting, scanning, and data processing.

After the data collection was finished the final data file was cleaned, sample information was appended to the file and open-ended responses were edited and coded. The edited file was submitted to data cleaning routines designed to identify any data errors that may have passed through quality control procedures. Variable and value labels were added to complete file preparation. The labeled file was submitted under separate cover as a project deliverable.

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[1] 2008 CAMHD Report, SMS, July 2008, pp. 6 - 8.

RESPONSE RATES

The original mailing was sent to 2,428 unduplicated parents or guardians of CAMHD program clients in calendar 2009. The first mailing found an additional 46 cases to be unreachable by mail. The adjusted sample size for the 2009 mailing was 2,382 qualified cases.

Table 1: Adjusted Response Rate for YSS-F 2009

	Data
Original sample file elements	**2,716**
No address, bad addresses, and unmailable elements	**288**
Working sample size (initial mailing)	**2,428**
Items returned as undeliverable	**46**
Adjusted sample size 2009	**2,382**
Total Completed Surveys	**480**
Adjusted Response Rate	**20%**

The Youth Services Survey for Families 2009 produced 480 completed and usable survey forms[2]. The adjusted survey response rate[3] was 20 percent. The 480 completed survey forms represented an increase of 155 completed surveys over the 2008 count. The response rate for 2009, however, was lower than in 2008 (See Table 2).

Response rates for each of the seven CAMHD family guidance centers in Hawaii are shown in Table 2. Response rates were lower than in previous years. In our professional opinion, the drop was more likely a reflection of a change in sample design and data collection method than any significant decrease in interest among respondents. Once again, there were differences in response rates across centers. The rate for the Leeward Oahu Family Guidance Center has been the lowest among the centers for the last three years. Otherwise, response rates show no consistent pattern over time.

Table 2: Family Guidance Center Response Rate for YSS-F 2007 - 2009

Family Guidance Center	Response Rate 2007	Response Rate 2008	Response Rate 2009
Honolulu Oahu	42%	51%	25%
Central Oahu	46%	43%	24%
Maui	46%	41%	22%
Windward Oahu	37%	45%	20%
Big Island	45%	49%	19%
Kauai	40%	37%	13%
Leeward Oahu	25%	33%	11%
Total Response Rate	39%	43%	20%

[2] Four completed survey forms had missing ID numbers and no population information was appended to those cases.

[3] The adjusted response rate is defined as the number of completed surveys divided by the adjusted sample size.

As expected 2009 response rates were almost 25 percentage points lower than in past years. The expanded sample coverage included many families who were not receiving direct therapeutic services during the year or what CAMHD recognizes as "case-management only". We might expect that those families would be somewhat less likely to respond than parents or guardians whose children were receiving direct therapeutic services. It also appears that the multi-mode data collection process results in slightly higher response rates than a single-mode method. Nevertheless, Hawaii's 2009 response rate of 20 percent is comparable to YSS-F response rates in other states. In 2008, for instance, the range of YSS-F mail survey response rates for the 14 MHSIP states was 11 to 57 percent with an average of 21 percent[4]. The range across an SMS sampling of non-MHSIP states showed rates between 11 and 37 percent.

SAMPLE ERROR ESTIMATES

The sample error estimate for YSS-F 2009 was plus-or-minus 4.5 percentage points at the 95 percent confidence level. The 2009 error estimate is lower than error estimates for 2007 (+/- 5.9 points) and 2008 (+/- 5.4 points). The industry standard for survey research is plus-or-minus 5.0 percentage points at the 95 percent confidence level and lower estimates indicate greater confidence in the sampling precision of the survey.

SAMPLE REPRESENTATIVENESS

In addition to examining response rates and sample error estimates, it is useful to compare the characteristics of the respondent group with those of the target population for 2009. To do that we present a straightforward comparison of some characteristics of the respondent group and the population base from which they originated. If the characteristics of the respondent group are similar to those of the population we have additional confidence that the other survey responses are also similar to the larger population of CAMHD families.

Variables available for both the population and the respondent group included gender, age, Family Guidance Center affiliation, the child's mental health diagnostic category and sampling frame eligibility regulations. Results for the respondent group and the population[5] are shown in Table 3.

[4] Mental Health Statistical Improvement Program (MHSIP) Consumer Surveys, Survey Administration, a presentation to the National Resources Institute (NRI) Workshop on Consumer Surveys, Arlington, Virginia, June 19-20, 2008.

[5] Characteristics of the population were calculated based on all 2,716 cases in CAMHD's database of parents and guardians who were qualified for the survey.

Table 3: Comparing Characteristics of Respondents and Population Cases

Characteristic	2009 Respondents		2009 Population	
	Count	Percent	Count	Percent
Gender				
Male	315	67%	1808	67%
Female	152	33%	908	33%
Total	**467**	**100%**	**2716**	**100%**
Age of Children				
Younger than 8	38	8%	219	8%
Between 8 and 12	79	17%	461	17%
Between 12 and 16	241	51%	1314	48%
Older than 16	118	25%	722	27%
Total	**476**	**100%**	**2716**	**100%**
Geographic Region				
Central Oahu Family Guidance Center	45	9%	189	7%
Windward Oahu Family Guidance Center	35	7%	173	6%
Leeward Oahu Family Guidance Center	47	10%	413	15%
Honolulu Family Guidance Center	53	11%	211	8%
Hawaii Family Guidance Center	168	35%	755	28%
Maui Family Guidance Center	39	8%	209	8%
Kauai Family Guidance Center	86	18%	682	25%
FCLB	2	0%	83	3%
Other	1	0%	1	0%
Total	**476**	**100%**	**2716**	**100%**
Diagnostic Category Method				
Adjustment Disorders	33	7%	177	7%
Anxiety Disorders	45	9%	211	8%
Attentional Disorders	92	19%	540	20%
Disruptive Behavior Disorders	128	27%	649	24%
Mental Retardation	10	2%	54	2%
Miscellaneous Disorders	29	6%	159	6%
Mood Disorders	82	17%	393	14%
None Identified	30	6%	397	15%
Pervasive Developmental Disorders	17	4%	79	3%
Substance Related Disorders	10	2%	55	2%
Deferred	0	0%	2	0%
Total	**476**	**100%**	**2716**	**100%**
Sampling Frame Eligibility				
Receiving direct services (Youth meeting 2008 Inclusion Criteria)	133	28%	585	22%
Receiving only case management services (Youths included using additional 2009 Criteria)	347	72%	2131	78%
Total 2009 Sample	**480**	**100%**	**2716**	**100%**

Data shown in Table 3 demonstrate substantial similarity between the population and the respondent group. Gender profiles for children were identical. Age profiles differed by three percentage points. The geographic profiles (Family Guidance Center affiliation) differed by as much as eight percentage points for the Kauai Family Guidance Center. The respondent group and population profiles for each of the different diagnostic categories were similar in 2009. Finally, the distribution by type of services received during the program year (sampling frame eligibility) differs by about six percentage points.

Differences in response rates for children receiving direct services and those receiving case management only were significant in 2009. Post stratification techniques were applied to the sample data to bring the sample into correspondence with the population distribution. No other statistical adjustments were made.

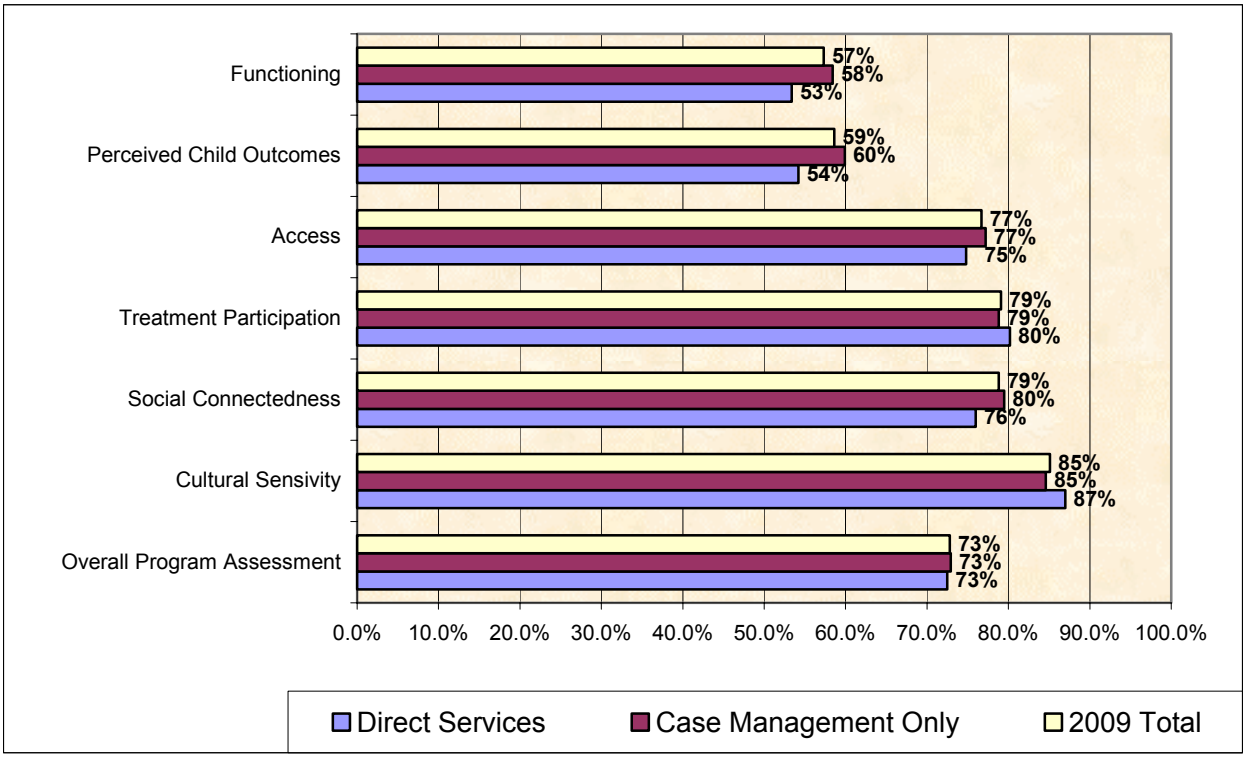
FINDINGS

All study findings reported here are taken from the CAMHD YSS-F conducted in 2009. Because of the changes in sampling frame eligibility in 2009, we treat 2009 results as a benchmark. Continuous trends with respondents that qualified under 2008 sampling frame eligibility criteria are presented in the appendix. Results are presented in three sections. The first section presents a review of parent reports on the YSS-F for 2009. The second section identifies some of the most important determinants of 2009 overall program assessment – the items that might be used effectively in developing procedures for program improvement in the future. The last section reviews other important findings including comments on emergent care, school attendance, and demographics. Three other project deliverables, the data tabulations required by the contract, the clean data file for 2009, and a codebook for that file have been delivered under separate cover.

CLIENT PERCEPTION OF CARE INDICATORS

As specified in the research design for the CAMHD study, consumer assessment of program services and outcomes was measured according to seven composite scores based on YSS-F data[6]. Results for those seven scores in 2009 are presented in Figure 1.

Figure 1: Composite Score Benchmarks for 2009



[6] Composite scores were developed by combining respondent scores that exceeded 3.5 (on a five-point scale) for individual YSS-F survey items. The specific items used in each of the seven composite scores are presented in Appendix B. The seven composite scores measure satisfaction with services, access, outcomes, participation in treatment, cultural sensitivity of staff, social connectedness, and functioning.

Overall, CAMHD consumer ratings were relatively high in 2009. Fully 73 percent of parents rated Overall Program Assessment above 3.5 with no observed differences (less than one percentage point) between parents with children receiving direct services and those receiving case-management only services. Additionally, five of the seven composite scores had very little difference between the two groups. The percentage of respondents reporting scores higher than 3.5, changed by less than 4.5 percent or the sample error estimate. On the domains of Functioning and Outcomes, scores differed by five and six percentage points, respectively, between children receiving direct services and those receiving case-management only.

IMPROVING PERFORMANCE AND SERVICE ASSESSMENTS

Program evaluation has two functions, accountability and continuous program improvement. The CAMHD program evaluation design uses data from several sources to measure program effectiveness and impact on clients. One of those is the YSS-F. By its nature, YSS-F is particularly suited to the task of supplying data to support program improvement. It contains 26 items asking client representatives (parents and guardians of client children) to assess what the program delivered and how it affected their children's condition.

Results have shown: (1) that parental assessment of CAMHD service delivery domains (e.g., access, treatment participation, social connectedness, and cultural sensitivity) has generally been higher than their assessment of child outcomes, and (2) that program outcomes play a greater role than quality of service delivery domains in determining overall program assessment scores. These findings are neither unusual in program evaluations of this sort nor unexpected on the part of CAMHD program managers. The major effort since 2007 has been to develop survey results to identify potential changes in program activities that might improve parent assessment scores.

Since 2007, YSS-F results have led CAMHD to conclude that the focus of program improvement should be on outcomes. The outcomes composite score decreased notably from 60 to 53 percent between 2006 and 2007. At the same time, survey respondents reported that their child's life outcomes – health, welfare, behaviors, truancy, contact with judiciary, etc. -- had all decreased to some extent since the previous year. In 2008, the outcomes composite score showed no appreciable change and child life status dropped slightly. Although the survey method changed in 2009, results suggest at least that no appreciable improvement has occurred. CAMHD is in need of additional information on the extent to which its services and the outcomes of its programs affect customer assessment[7].

One useful way to investigate which factors influence parent assessments is to identify respondent attitudes and opinions that "drive," or influence those assessments. This calls for a type of analysis usually referred to as "drivers analysis[8]". It is generally done using some form of multivariate statistical analysis that allows us to measure the individual impact of each

[7] CAMHD's internal Annual Evaluation shows that child outcomes do improve as measured by staff and observers. But parent assessments do not seem to reflect the same level of outcomes improvement. The 2008 Annual Evaluation Report is available at http://hawaii.gov/health/mental-health/camhd/library/pdf/rpteval/ge/index.html.

[8] The Drivers Analysis is also referred to as a regression analysis in a more technical term. For a general description of a regression analysis see Lindley, D.V. (1987). "Regression and Correlation Analysis," New Palgrave: A dictionary of Economics, v. 4, pp. 120–23.

program element on parent assessment. In response to the changing need for information at CAMHD, the 2009 drivers analysis differs to some extent from that conducted in 2008[9]. The analytical method was structural equation modeling (SEM)[10], and the analysis focused on the role of outcomes and service ratings in generating overall program assessment. Results are described in the following section of this report.

Overall Program Assessment

The results of the SEM analysis of YSS-F data are shown in Figure 2. Results are technically complicated and we have attempted to simplify them below for the non-technical reader. We have also included a list of the individual rating items included in the survey, along with the names of composite scores with which each one is associated. The general analysis strategy was to assess all of the composite assessment scores as drivers of overall program assessment. For our indicator of overall program assessment, we have chosen the parent assessment of all program services delivered.

The first conclusion is that this analysis confirms previous YSS-F research. We find that parent/guardian assessment of program outcomes is more important than their ratings for other program elements in producing the parent/guardian's overall program assessment. The importance scores[11] are those that appear near the lines connecting the composite scores with overall assessment score. The higher the importance score, the greater is its impact on overall program assessment in the 2009 YSS-F. Respondent ratings for perceived child outcomes were related to the program assessment by a score of .926, the highest of all of the composite scores entered to the model. Therefore, this suggests that changing the extent to which parents and guardians are satisfied with program outcomes will do more to change overall parent assessment than changes to any other program element.

The next highest importance score was for the Participation in Treatment composite with an importance score of .662. This suggests that, among the composite scores, the ability to play an active role in the design and execution of your child's treatment program is associated with higher levels of overall program assessment. In previous research Participation in Treatment was also the key element among those that drive overall assessments.

---

[9] In 2008, the analysis concentrated on the components of outcomes ratings and the method was a form of two-stage least squares regression analysis. The methods are equivalent, although SEM is considered to be more appropriate for the analysis described here.

[10] For a general description of structural equation modeling, see Bollen, Kenneth A., Structural equations with latent variables, New York: John Wiley & Sons, 1989. The specific analysis described here made use of R software; see A Brief History of R: Past and Future History, Ross Ihaka, Statistics Department, The University of Auckland, Auckland, New Zealand, available from the CRAN website. Also of interest is Byrne, Barbara M., Structural Equation Modeling with AMOS: Basic Concepts, Applications, and Programming, Second Edition, New York: Routledge, Taylor and Francis Group, 2009.

[11] Importance scores are standardized beta coefficients taken from the fitted structural equations model as shown graphically in Figure 2. These scores range from -1 (perfect inverse correlation), through 0 (no relationship at all), to +1 (perfect positive correlation).

Figure 2: Determinants of Overall Program Assessment with Composite Ratings

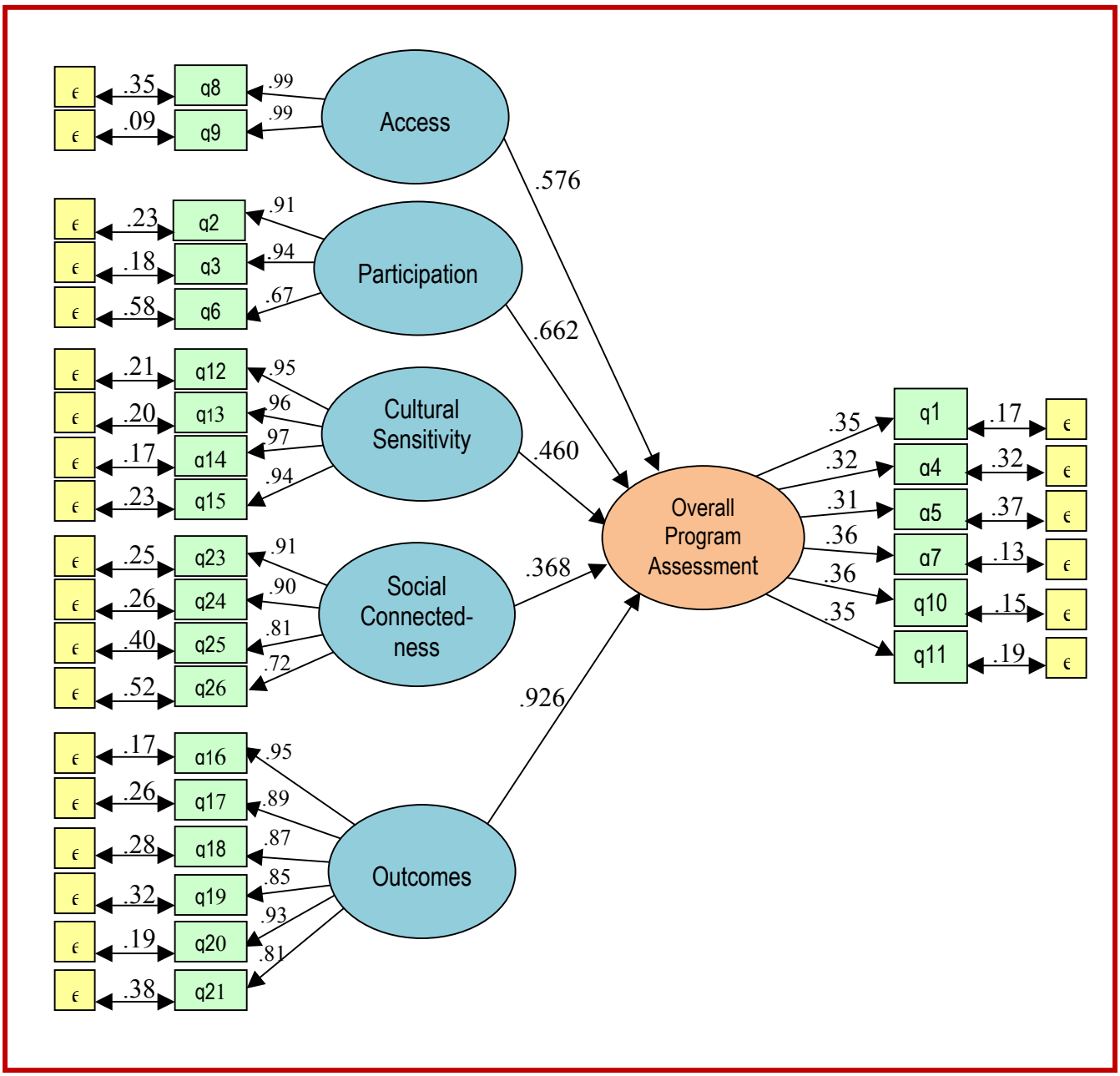


Figure 3: List of Survey Items Shown in Figure 2

Composite 1: Overall Program Assessment

- Q1. Overall, I am satisfied with the services my child received.
- Q4. The people helping my child stuck with us no matter what.
- Q5. I felt my child had someone to talk to when he/she was troubled.
- Q7. The services my child and/or family received were right for us.
- Q10. My family got the help we wanted for my child
- Q11. My family got as much help as we needed for my child.

Composite 2: Program Access

- Q8. The location of services was convenient for us.
- Q9. Services were available at times that were convenient for us.

Composite 3: Participation

- Q2. I helped to choose my child's services.
- Q3. I helped to choose my child's treatment goals.
- Q6. I participated in my child's treatment.

Composite 4: Cultural Sensitivity

- Q12. Staff treated me with respect
- Q13. Staff respected my family's religious/spiritual beliefs.
- Q14. Staff spoke with me in a way that I understood.
- Q15. Staff were sensitive to my cultural/ethnic background.

Composite 5: Social Connectedness

- Q23. I know people who will listen and understand me when I need to talk.
- Q24. I have people that I am comfortable talking with about my child's problems.
- Q25. In a crisis, I would have the support I need from family or friends.
- Q26. I have people with whom I can do enjoyable things.

Composite 6: Perceived Child Outcomes

- Q16. My child is better at handling daily life
- Q17. My child gets along better with family members.
- Q18. My child gets along better with friends and other people.
- Q19. My child is doing better in school and/or work.
- Q20. My child is better able to cope when things go wrong.
- Q21. I am satisfied with our family life right now.

Access to program services ranked third among the program elements contributing to overall program assessment. Its score of .576 suggests that improving client access will also improve program scores. In the past, the extent to which access to the program determines overall ratings changed from year to year. In part, this is due to the fact that the access composite does not fit the analysis models well[12]. While we are certain that access is important to parents and guardians, we cannot recommend a program focus on this issue based on our analysis alone.

Improving the cultural sensitivity of CAMHD staff will increase overall parent/guardian ratings of the program by about half the extent of improvements associated with perceived child outcomes. The importance score for cultural sensitivity was .460, about half of the child outcomes score at .926. Cultural Sensitivity composite scores have traditionally been high, but their relationship (correlation) with overall parent/guardian assessment scores has usually been lower than for child outcomes perception ratings.

Improving assessments of Social Connectedness will also contribute to higher overall program ratings, but to a lesser extent than any of the other program elements shown in the model.

Note also that the Functioning composite score shown in Figure 1 is not included in Figure 2. Functioning is simply a five-item composite that is nearly identical to the Outcomes Composite Score. It was not included in the structural equation model.

Strategies to improve satisfaction with services might focus on three broad areas of concern, Outcomes, Participation in Treatment, and perhaps Cultural Sensitivity.

Analysis of Individual Program Elements

Figure 2 also presents the relationship between the individual items that make up the composite scores and the composite score itself. With the exception of the Access score, each of the composites is well formed. That is, all of its theoretical elements contribute strongly to the composite score itself. The relative strength of the relationship is shown by the numbers on the arrows pointing from the composite scores to the questions numbers at the left.

We are particularly interested in the elements that make up the three composite scores that drive the Overall Program Assessment. For the Outcomes composite, all items contribute strongly to the score and two of the items have importance scores greater than .9. The Participation in Treatment composite is highly determined by Q2 and Q3, and, to a much lesser extent, by Q6. Cultural Sensitivity is particularly well formed, with all four of the component elements having scores above .9.

A summary of the individual items most closely associated with each of the three main drivers is shown in Table 4. We have included the relative importance of each item in determining its composite score, and the percent of all 2009 respondents who were dissatisfied with CAMHD services in that area.

[12] Component scores comprised of only two items cannot be modeled using either the regression models or the structural equation models that have been applied to this problem. Adequate analysis would required three or more items per composite.

Table 4: Most Important Drivers of Program Assessment & Percentage of Disagreement

Composite	Question	Relative Importance	Percent of Disagreement
Outcomes	Q16. My child is better at handling daily life.	.95	17%
Outcomes	Q20. My child is better able to cope when things go wrong.	.93	23%
Participation in Treatment	Q2. I helped to choose my child's services.	.91	14%
Participation in Treatment	Q3. I helped to choose my child's treatment goals.	.94	11%
Cultural Sensitivity	Q14: Staff spoke with me in a way that I understood.	.97	3%
Cultural Sensitivity	Q12: Staff treated me with respect.	.95	7%

Six items have been identified as drivers of the component scores that drive overall program assessment. The relative importance scores for all of them are greater than .9, indicating a close relationship with the component score. The top three all have fairly high disagreement ratings. The average disagreement rating over all 25 items in 2009 was about 12 percent. The highest disagreement score was 23.

The first two items in Table 4, "My child is better able to cope when things go wrong" and" My child is better at handling daily life" are excellent measures of the desired outcomes and strategic methods for increasing program performance can be developed. In particular, approaches focusing on problem-solving and coping strategies for daily life scenarios could improve overall program assessment scores. From the two items that remain important for strategic planning, CAMHD staff would be well advised to work on therapies that promote improved interfamily relationships and involve parents in the early planning for child services.

CAMHD consideration and interpretation of YSS-F results in 2007 concluded that the focus of program improvement for 2008 should be on outcomes. The outcomes composite score decreased notably between 2006 and 2007. Equally important, survey respondents reported that their child's life outcomes – health, welfare, behaviors, truancy, contact with judiciary, etc. -- had all gotten worse since the previous year. In 2008, the outcomes composite score showed no appreciable change. As the next section shows, the status of children receiving services was lower again. This suggests that a more detailed examination of caregiver's perception of outcomes may produce some information useful in improving outcomes ratings in the coming year.

The technical "Driver-analysis" is supported by responses to open-ended survey items asking the caregivers' to evaluate CAMHD's offerings. Asked to tell us what program aspects worked best for them, caregivers frequently mentioned good services, delivered by supportive staff members who are consistently available (see Table 5). They also noted that effective therapy, respite services, and "creative" treatment options were valuable to them.

Table 5: Caregivers' Evaluation of CAMHD Services

The most helpful thing about services my child received was…..	Percent
Therapy/counseling	25.2
Supportive staff/communication	22.2
Consistent services	10.8
Improved behavior	6.7
Availability of staff	4.2
Teamwork & Everybody working together	3.9
In home treatment	3.7
Medical Help	3.3
Other	10.3

Asked if they had suggestions for improving the program that served their child, 15.1 percent responded to parent involvement and another 12.9 percent said they would like to see improvements in therapists. More than a quarter of respondents had no suggestions for improvement. Their responses are shown in Table 6.

Table 6: Caregivers' Suggestions for Improvement

What would improve the CAMHD services?	Percent
Parent involvement	15.1
Coordinator/therapist improvements	12.9
More customized or special services/transitions	10.7
Don't close case too soon/ Extend length of services	7.7
More funding/facilities/transportation	7.6
More contacts with clients/parents	5.8
None	25.2
Other or not sure	14.4

The CAMHD program is one that ultimately works by delivering professional services directly to clients. The majority of caregivers' suggestions were aimed at increasing and/or improving professional service providers and the way parents are involved in the treatment. About 15 percent said the program could involve parents more and 13 percent mentioned the program could get or deliver some better services. Another 11 percent said it could customize services to fit the children better. In addition to securing more and better staff, CAMHD was counseled to improve communication with caregivers, contact them more often, and to extend the length of services.

CHILD OUTCOMES

A substantial part of the YSS-F is used to gather information on the life condition of the children involved. In 2009, caregivers reported measures indicating the condition of their children. Because of changes in the sampling frame the 2009 data is represented as is and not compared to 2008 levels. The 2009 data are summarized in Table 7.

Table 7: Child Outcomes 2009

Type	Indicator	Response	
		Number	Percent
Emergency Services Needed			
	Child needed emergency counseling or treatment	243	54
	Child got to see a professional in that emergency (always or usually)	211	87
	Child had to go to an emergency room (2 or more times)	57	13
Services			
	Child received least restrictive services (sometimes or never)	153	38
Current Condition			
	Child is not currently living with parent or caregiver	125	27
	Child did not live with one or both parents in the last six months	210	44
	(<1 yr. at CAMHD) Child attended school less than before starting to receive services	22	10
	(<1 yr. at CAMHD) Child expelled or suspended since starting to receive services	56	23
	(<1 yr. at CAMHD) Child expelled or suspended before entering program	67	28
	(>1 yr. at CAMHD) Child attended school less than before starting to receive services	18	8
	(>1 yr. at CAMHD) Child expelled or suspended since starting to receive services	57	24
	(>1 yr. at CAMHD) Child expelled or suspended before entering program	59	25
	Child was arrested in the last 30 days	48	10
	Child went to court for something he/she did	79	17
	(<1 yr. at CAMHD) Child had more encounters with police since starting to receive services	9	5
	(>1 yr. at CAMHD) Child had more encounters with police since starting to receive services	20	10
Medical Condition			
	Child did see a medical doctor in the last year	344	74
	Child is on medication for emotional/behavioral problems	203	44

Note: Percentages have different bases because some questions were not asked of all respondents and because non-response was excluded from the analysis.

The children who received direct program services from CAMHD in 2009 needed services on an unscheduled basis. More than 54 percent of them needed some immediate, on-call services during the past 12 months. Of those, 87 percent of caregivers reported having received the needed services. Thirteen percent of the CAMHD children visited an emergency room in the last 12 months. Almost three-quarters of the children (74 percent) have seen a medical doctor in the last year and 44 percent are on medication for emotional or behavioral problems.

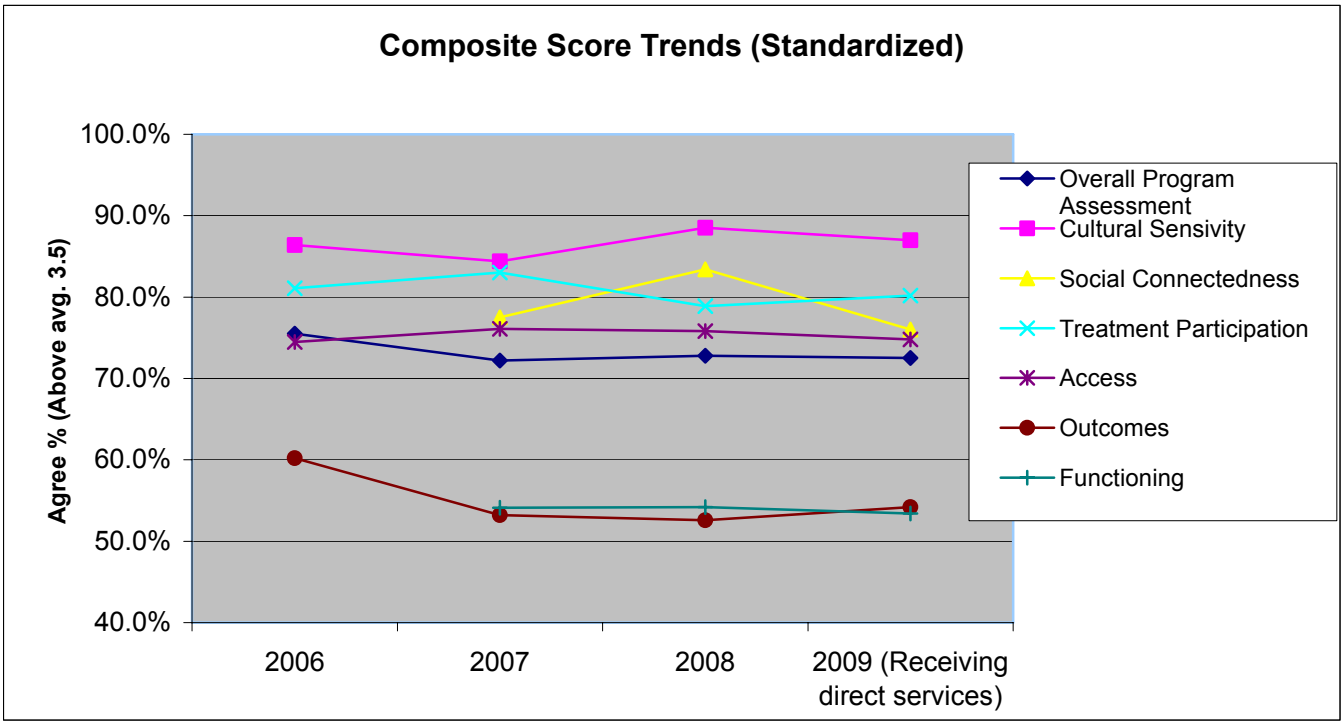
The personal living conditions of children are problematic as well. Almost one-third of program children (27%) were not living with a parent or caregiver at the time of the survey, and 44 percent had not lived with one or both of their parents in the last six months.

About one third of the program children had been expelled or suspended from school before they came on board. For most of the children, truancy decreased after joining the program, but about a quarter of them were expelled or suspended after they started receiving CAMHD services.

Some of the children have had at least some contact with the judicial system, even after receiving program services. YSS-F 2009 reported that 10 percent of them had been arrested, 17 percent had gone to court for something they did, and 5 percent of those who have been with CAMHD for less than one year (10 percent for more than one year) had problems with the law, had more encounters with police since starting the program than they had before they started receiving services.

APPENDIX A

Exhibit 1: Client Perception of Care, 2006, 2007, 2008, and 2009



APPENDIX B

Exhibit 2: Composite Access

Composite Access	2009	Count	Col %
The location of services was convenient for us.	1 - Strongly Disagree	20	4.2%
	2 – Disagree	30	6.4%
	3 – Undecided	29	6.3%
	4 – Agree	227	48.7%
	5 - Strongly Agree	160	34.4%
Services were available at times that were convenient for us.	1 - Strongly Disagree	25	5.3%
	2 – Disagree	22	4.6%
	3 – Undecided	50	10.6%
	4 – Agree	226	48.2%
	5 - Strongly Agree	146	31.3%

Exhibit 3: Composite Functioning

Composite Functioning	2009	Count	Col %
My child is better able to do things he or she wants to do.	1 - Strongly Disagree	38	8.2%
	2 - Disagree	43	9.3%
	3 - Undecided	113	24.2%
	4 – Agree	210	45.1%
	5 - Strongly Agree	61	13.2%
My child is better at handling daily life.	1 - Strongly Disagree	44	9.4%
	2 - Disagree	37	7.9%
	3 - Undecided	106	22.7%
	4 – Agree	202	43.0%
	5 - Strongly Agree	80	17.0%
My child gets along better with family members.	1 - Strongly Disagree	35	7.5%
	2 - Disagree	45	9.6%
	3 - Undecided	76	16.4%
	4 – Agree	230	49.5%
	5 - Strongly Agree	79	17.0%
My child gets along better with friends and other people.	1 - Strongly Disagree	32	6.9%
	2 - Disagree	32	6.9%
	3 - Undecided	96	20.7%
	4 – Agree	227	48.9%
	5 - Strongly Agree	77	16.7%
My child is doing better in school and/or work.	1 - Strongly Disagree	44	9.4%
	2 - Disagree	45	9.6%
	3 - Undecided	85	18.1%
	4 – Agree	200	42.9%
	5 - Strongly Agree	93	20.0%
My child is better able to cope when things go wrong.	1 - Strongly Disagree	46	9.8%
	2 - Disagree	62	13.3%
	3 - Undecided	107	22.9%
	4 – Agree	185	39.8%
	5 - Strongly Agree	66	14.2%

Exhibit 4: Composite Social Connectedness

Composite Social Connectedness	2009	Count	Col %
I know people who will listen and understand me when I need to talk.	1 - Strongly Disagree	20	4.4%
	2 - Disagree	19	4.0%
	3 - Undecided	55	11.9%
	4 - Agree	264	57.0%
	5 - Strongly Agree	105	22.7%
I have people that I am comfortable talking with about my child's problems.	1 - Strongly Disagree	13	2.9%
	2 - Disagree	27	5.9%
	3 - Undecided	44	9.5%
	4 - Agree	256	55.3%
	5 - Strongly Agree	122	26.3%
In a crisis, I would have the support I need from family or friends.	1 - Strongly Disagree	23	5.0%
	2 - Disagree	23	4.9%
	3 - Undecided	62	13.4%
	4 - Agree	224	48.2%
	5 - Strongly Agree	133	28.5%
I have people with whom I can do enjoyable things.	1 - Strongly Disagree	16	3.4%
	2 - Disagree	18	3.8%
	3 - Undecided	40	8.7%
	4 - Agree	262	56.7%
	5 - Strongly Agree	126	27.4%

Exhibit 5: Composite Cultural Sensitivity of Staff

Composite Cultural Sensitivity of Staff	2009	Count	Col %
Staff treated me with respect.	1 - Strongly Disagree	20	4.3%
	2 - Disagree	14	3.1%
	3 - Undecided	22	4.8%
	4 - Agree	203	43.5%
	5 - Strongly Agree	207	44.3%
Staff respected my family's religious/spiritual beliefs.	1 - Strongly Disagree	11	2.3%
	2 - Disagree	9	1.9%
	3 - Undecided	50	10.8%
	4 - Agree	219	47.8%
	5 - Strongly Agree	171	37.2%
Staff spoke with me in a way that I understood.	1 - Strongly Disagree	9	2.0%
	2 - Disagree	5	1.1%
	3 - Undecided	27	5.9%
	4 - Agree	224	48.1%
	5 - Strongly Agree	200	42.9%
Staff was sensitive to my cultural/ethnic background.	1 - Strongly Disagree	12	2.7%
	2 - Disagree	11	2.4%
	3 - Undecided	52	11.4%
	4 - Agree	222	48.1%
	5 - Strongly Agree	164	35.5%

Exhibit 6: Composite Participation in Treatment

Composite Participation in Treatment	2009	Count	Col %
I helped to choose my child's services.	1 - Strongly Disagree	26	5.6%
	2 - Disagree	38	8.2%
	3 - Undecided	45	9.7%
	4 - Agree	254	54.5%
	5 - Strongly Agree	103	22.1%
I helped to choose my child's treatment goals.	1 - Strongly Disagree	19	4.2%
	2 - Disagree	33	7.1%
	3 - Undecided	45	9.7%
	4 - Agree	243	52.4%
	5 - Strongly Agree	124	26.7%
I participated in my child's treatment.	1 - Strongly Disagree	14	2.9%
	2 - Disagree	19	4.1%
	3 - Undecided	25	5.2%
	4 - Agree	233	49.9%
	5 - Strongly Agree	177	37.8%

Exhibit 7: Composite Overall Program Assessment

Composite			
Overall Program Assessment	**2009**	**Count**	**Col %**
Overall, I am satisfied with the services my child received.	1 - Strongly Disagree	31	6.6%
	2 - Disagree	25	5.4%
	3 - Undecided	47	10.0%
	4 - Agree	215	46.1%
	5 - Strongly Agree	148	31.8%
The people helping my child stuck with us no matter what.	1 - Strongly Disagree	32	6.9%
	2 - Disagree	28	6.0%
	3 - Undecided	42	9.0%
	4 - Agree	201	43.1%
	5 - Strongly Agree	163	35.1%
I felt my child had someone to talk to when he/she was troubled.	1 - Strongly Disagree	26	5.7%
	2 - Disagree	27	5.9%
	3 - Undecided	49	10.6%
	4 - Agree	222	47.8%
	5 - Strongly Agree	139	30.0%
The services my child and/or family received were right for us.	1 - Strongly Disagree	32	6.9%
	2 - Disagree	22	4.7%
	3 - Undecided	74	16.0%
	4 - Agree	206	44.3%
	5 - Strongly Agree	131	28.1%
My family got the help we wanted for my child.	1 - Strongly Disagree	35	7.5%
	2 - Disagree	31	6.7%
	3 - Undecided	51	11.0%
	4 - Agree	223	47.7%
	5 - Strongly Agree	126	27.1%
My family got as much help as we needed for my child.	1 - Strongly Disagree	44	9.4%
	2 - Disagree	42	8.9%
	3 - Undecided	67	14.3%
	4 - Agree	204	43.5%
	5 - Strongly Agree	112	23.9%

Exhibit 8: Composite Outcomes

Composite Outcomes	2009	Count	Col %
My child is better at handling daily life.	1 - Strongly Disagree	44	9.4%
	2 - Disagree	37	7.9%
	3 - Undecided	106	22.7%
	4 - Agree	202	43.0%
	5 - Strongly Agree	80	17.0%
My child gets along better with family members.	1 - Strongly Disagree	35	7.5%
	2 - Disagree	45	9.6%
	3 - Undecided	76	16.4%
	4 - Agree	230	49.5%
	5 - Strongly Agree	79	17.0%
My child gets along better with friends and other people.	1 - Strongly Disagree	32	6.9%
	2 - Disagree	32	6.9%
	3 - Undecided	96	20.7%
	4 - Agree	227	48.9%
	5 - Strongly Agree	77	16.7%
My child is doing better in school and/or work.	1 - Strongly Disagree	44	9.4%
	2 - Disagree	45	9.6%
	3 - Undecided	85	18.1%
	4 - Agree	200	42.9%
	5 - Strongly Agree	93	20.0%
My child is better able to cope when things go wrong.	1 - Strongly Disagree	46	9.8%
	2 - Disagree	62	13.3%
	3 - Undecided	107	22.9%
	4 - Agree	185	39.8%
	5 - Strongly Agree	66	14.2%
I am satisfied with our family life right now.	1 - Strongly Disagree	39	8.4%
	2 - Disagree	46	9.9%
	3 - Undecided	95	20.5%
	4 - Agree	211	45.4%
	5 - Strongly Agree	74	15.8%

Exhibit 9: Child Outcomes in 2008

Type	Indicator	Response	
		Number	Percent
Emergency Services Needed			
	Child needed emergency counseling or treatment	203	64.2
	Child got to see a professional in that emergency (always or usually)	199	98.0
	Child had to go to an emergency room (2 or more times)	46	14.7
Services			
	Child received least restrictive services (sometimes or never)	73	24.1
Current Condition			
	Child is not currently living with parent or caregiver	162	51.6
	Child did not live with one or both parents in the last six months	169	54.5
	(<1 yr. at CAMHD) Child attended school less than before starting to receive services	7	11.9[a]
	(<1 yr. at CAMHD) Child expelled or suspended since starting to receive services	14	23.3[a]
	(<1 yr. at CAMHD) Child expelled or suspended before entering program	19	31.1[a]
	(>1 yr. at CAMHD) Child attended school less than before starting to receive services	53	20.7[b]
	(>1 yr. at CAMHD) Child expelled or suspended since starting to receive services	84	32.7[b]
	(>1 yr. at CAMHD) Child expelled or suspended before entering program	89	34.4[b]
	Child was arrested in the last 30 days	45	14.2
	Child went to court for something he/she did	68	21.5
	Child had more encounters with police since starting to receive services	27	44.3[c]

Note: Percentages have different bases because some questions were not asked of all respondents and because non-response was excluded from the analysis; (a) based on 61 children who had been receiving services for less than one year; (b) based on 259 children who had been in the program for one year or more; (c) based on 61 children who had some contact with the police since they started receiving services.

APPENDIX C

Survey Instrument

2009 YOUTH SERVICES SURVEY FOR FAMILIES

SURVEY INSTRUCTIONS

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you which question to answer next. Below you can see an example, if you answer YES then you have to continue with question 36a, and if you answer NO you have to continue with Question 37.

○ Yes → GO TO QUESTION 36a
○ No → GO TO QUESTION 37

All information that would let someone identify you or your family will be kept private. SMS Research will not share your personal information with anyone without your consent. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the bottom of this page. This number is **ONLY** used to let us know if you returned your survey, so we do not send you reminder postcards to fill out the survey.

If you have any questions about this survey, please do not hesitate and call Tim Ming at SMS Research (808) 440-0734.

Mahalo for your participation!

Please help our agency make services better by answering some questions about the services your child received **OVER THE LAST 6 MONTHS.** Your answers are confidential and will not influence the services you or your child receives. Please indicate if you **Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree** with each of the statements below. Please fill in the circle. Thank you!

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. Overall, I am satisfied with the services my child received.	○	○	○	○	○
2. I helped to choose my child's services.	○	○	○	○	○
3. I helped to choose my child's treatment goals.	○	○	○	○	○
4. The people helping my child stuck with us no matter what.	○	○	○	○	○
5. I felt my child had someone to talk to when he/she was troubled.	○	○	○	○	○
6. I participated in my child's treatment.	○	○	○	○	○
7. The services my child and/or family received were right for us.	○	○	○	○	○
8. The location of services was convenient for us.	○	○	○	○	○
9. Services were available at times that were convenient for us.	○	○	○	○	○
10. My family got the help we wanted for my child.	○	○	○	○	○
11. My family got as much help as we needed for my child.	○	○	○	○	○
12. Staff treated me with respect.	○	○	○	○	○
13. Staff respected my family's religious/spiritual beliefs.	○	○	○	○	○
14. Staff spoke with me in a way that I understood.	○	○	○	○	○
15. Staff were sensitive to my cultural/ethnic background.	○	○	○	○	○

As a result of the services my child and/or family received:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
16. My child is better at handling daily life.	○	○	○	○	○
17. My child gets along better with family members.	○	○	○	○	○
18. My child gets along better with friends and other people.	○	○	○	○	○
19. My child is doing better in school and/or work.	○	○	○	○	○
20. My child is better able to cope when things go wrong.	○	○	○	○	○
21. I am satisfied with our family life right now.	○	○	○	○	○
22. My child is better able to do things he or she wants to do.	○	○	○	○	○

As a result of the services my child and/or family received: ***please answer for relationships with persons other than your mental health provider(s)***

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
23. I know people who will listen and understand me when I need to talk.	○	○	○	○	○
24. I have people that I am comfortable talking with about my child's problems.	○	○	○	○	○
25. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○
26. I have people with whom I can do enjoyable things.	○	○	○	○	○

27. What has been the most helpful thing about the services you and your child received over the **last 6 months**?

_____

_____

_____

28. What would improve the services here?_____

_____

_____

_____

Please answer the following questions to let us know how your child is doing.

29. Is your child currently living with you?
○ Yes ○ No

30. Has your child lived in any of the following places in the **last 6 months**? (MARK ALL THAT APPLY)

☐ a. With one or both parents
☐ b. With another family member
☐ c. Foster home
☐ d. Therapeutic foster home
☐ e. Crisis Shelter
☐ f. Homeless shelter
☐ g. Group home
☐ h. Residential treatment center
☐ i. Hospital
☐ j. Local jail or detention facility
☐ k. State correctional facility
☐ l. Runaway/homeless/on the streets
☐ m. Other (describe): _____

31. What is your child's **current** living situation? (MARK ONLY ONE)

○ a. With one or both parents
○ b. With another family member
○ c. Foster home
○ d. Therapeutic foster home
○ e. Crisis Shelter
○ f. Homeless shelter
○ g. Group home
○ h. Residential treatment center
○ i. Hospital
○ j. Local jail or detention facility
○ k. State correctional facility
○ l. Runaway/homeless/on the streets
○ m. Other (describe): _____

32. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (MARK ONLY ONE)

○ Yes, in a clinic or office
○ Yes, but only in a hospital emergency room
○ No
○ Do not remember

33. In the last month, did your child get arrested by the police?
○ Yes ○ No

34. In the last month, did your child go to court for something he/she did?
○ Yes ○ No

35. How often was your child absent from school during the last month?
○ 1 day or less
○ 2 days
○ 3 to 5 days
○ 6 to 10 days
○ More than 10 days
○ Not applicable/ not in school
○ Do not remember

36. Is your child on medication for emotional/behavioral problems?
    - ○ Yes → **GO TO QUESTION 36a**
    - ○ No → **GO TO QUESTION 37**

36a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?
    - ○ Yes
    - ○ No

37. Is your child still getting services from the Hawaii Child and Adolescent Mental Health Division?
    - ○ Yes
    - ○ No

38. How long did your child receive services from the Hawaii Child and Adolescent Mental Health Division?

    - ○ Less than 1 month → **GO TO QUESTION 39**
    - ○ 1-5 months → **GO TO QUESTION 39**
    - ○ 6 months to 1 year → **GO TO QUESTION 39**
    - ○ More than 1 year → **GO TO QUESTION 45**

Answer Questions 39 to 44 <u>if child received services less than 1 year ago</u>

---

39. Was your child arrested since beginning to receive mental health services?
    ○ Yes ○ No

40. Was your child arrested during the 12 months prior to that?
    ○ Yes ○ No

41. Since your child began to receive mental health services, have their encounters with the police…
    - ○ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
    - ○ b. stayed the same
    - ○ c. increased
    - ○ d. not applicable (They had no police encounters this year or last year)

42. Was your child expelled or suspended since beginning services?
    ○ Yes ○ No

43. Was your child expelled or suspended during the 12 months prior to that?
    ○ Yes ○ No

44. Since starting to receive services, the number of days my child was in school is
    - a. ○ Greater
    - b. ○ About the same
    - c. ○ Less
    - d. ○ Does not apply (please select why this does not apply)
        - i. ○ Child did not have a problem with attendance before starting services
        - ii. ○ Child is too young to be in school
        - iii. ○ Child was expelled from school
        - iv. ○ Child is home schooled
        - v. ○ Child dropped out of school
        - vi. ○ Other: _____

Answer Questions 45 to 50 <u>if child received services more than 1 year ago</u>

---

45. Was your child arrested during the last 12 months?
    ○ Yes ○ No

46. Was your child arrested during the 12 months prior to that?
    ○ Yes ○ No

47. Over the last year, have your child's encounters with the police…
    - ○ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
    - ○ b. stayed the same
    - ○ c. increased
    - ○ d. not applicable (They had no police encounters this year or last year)

48. Was your child expelled or suspended during the last 12 months?
    ○ Yes ○ No

49. Was your child expelled or suspended during the 12 months prior to that?
    ○ Yes ○ No

50. Over the last year, the number of days my child was in school is
    - a. ○ Greater
    - b. ○ About the same
    - c. ○ Less
    - d. ○ Does not apply (please select why this does not apply)
        - i. ○ Child did not have a problem with attendance before starting services
        - ii. ○ Child is too young to be in school
        - iii. ○ Child was expelled from school
        - iv. ○ Child is home schooled
        - v. ○ Child dropped out of school
        - vi. ○ Other: _____

Urgent and Emergent Care

51. In the last 12 months, did your child need counseling or treatment right away?

- O Yes
- O No

52. In the last 12 months, when your child needed counseling or treatment right away, how often did your child see someone as soon as you wanted?

- O Never
- O Sometimes
- O Usually
- O Always

53. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for your child?

- O None
- O 1
- O 2
- O 3 or more

Least Restrictive Environment

Some counseling or treatment services may disrupt your child's regular life more than others. Least restrictive services are strong enough to help your child but interfere with your child's life as little as possible. For example, receiving counseling or treatment at home is less restrictive than removing your child from home. Also, receiving counseling or treatment once per week at a school or office is less restrictive than daily services at a special program.

54. In the last 12 months, how often did the people your child saw for counseling or treatment offer you the least restrictive services for your child?

- O Always
- O Usually
- O Sometimes
- O Never

About your Child

55. What is your relationship to the child?

- ☐ Biological parent
- ☐ Adoptive parent
- ☐ Foster Parent
- ☐ Relative
- ☐ Caregiver (no biological relation)
- ☐ Other (e.g., guardian ad litem, social worker, etc.)

(Please Specify):_____

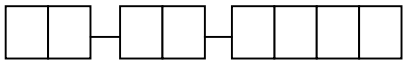
56. **Child's Race:**
(MARK ALL THAT APPLY)

- ☐ American Indian/Alaskan Native
- ☐ White (Caucasian)
- ☐ Black (African American)
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other: (Please Specify)_____

57. Are either of the child's parents Spanish/Hispanic/Latino?

- O Yes
- O No

58. **Child's Birth Date:**



Month **Day** **Year**

59. **Child's Gender:**

- O Male
- O Female

60. **Does your child have Medicaid insurance?**

- O Yes
- O No

MAHALO for taking the time to fill out our survey!

Please return the survey to SMS Research in the enclosed pre-paid self-addressed envelope. SMS Research is an independent research organization, who will mix your answers with those of other respondents. Your name will not be combined with your answers. All information about you will be kept strictly confidential. If you have any questions please contact SMS Research at (808) 440-0734.